

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Expired Pharmacist Renewal

Your pharmacist license in the state of Indiana is expired. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$210.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$210.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, has a patient brought a civil action against your for a breach of your professional duties?			YES NO
5. Since you last renewed, have you been denied the privilege to dispense and/or fill prescriptions for a third party payer or government run healthcare plan/program; or have you been denied the rights to handle or fill prescriptions for certain types or classes of drugs?			YES NO
6. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES NO
7. Do you want to put your license in inactive status? If you answer 'Yes' the CE requirements are waived.			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Required Documentation: Copies of certificates of completion of thirty (30) hours of continuing education obtained within the last 2 years.

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email Renewal4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date